

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

'07 JAN 31 P4:13

CKD

STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	(Type of Pilit	t Olcarry)		
NAME (Last)	(First)	(Middle)	TELEPHONE	
PILTZ	Karen		808-528-8200	
MAILING ADDRESS (Street)			FAX	
745 Fort Street, 9th Floor			808-536-5869	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE		
Chun Kerr Dodd Beaman & Wong			808-528-8200	
MAILING ADDRESS (Street)			FAX	
745 Fort Street, 9th Floor			808-536-5869	
(City)	(State)		(Zip Code)	
Honolulu	Н		96813	

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU	TELEPHONE		
Hawaiian Island Develo	808-951-8978		
MAILING ADDRESS (Street)	FAX		
931 University Avenue,	808-946-3224		
(City)	(State)	(Zip Code)	
Honolulu	HI	96826	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Garret Tom		808-951-8978	
MAILING ADDRESS (Street)		FAX	
931 University Avenue, #	<del>‡</del> 105	808-946-3224	
(City)	(State)	(Zip Code)	
Honolulu	HI	96826	

LREG 03/2005

· · · · · · · · · · · · · · · · · · ·				
PART III DESCRIPTIO	N OF SUBJECTS UPON WH	IICH YOU EXPECT TO LOBBY	<u> </u>	
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	<ul> <li>Intergovernmental Relations, International Affairs</li> </ul>	✓ Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation	
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	<b>⊘</b> Housing	☐ Public Safety & Corrections		
	ON OF LOBBYIST			
I hereby certify that th	ne information furnished abov	e is, to the best of my knowledg	ge. correct and complete.	
Man INX	<u>م</u> (	1/-	.1	
Show My	Mark Comment of the C	1/20	7/2007	
	(Signature of Lobbyist)		(Ďate)	
PART V AUTHORIZAT	TON TO LOBBY			
NAME				
	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Garret Tom			CONTENOONNETRESENTED	
Garret Tom		Chief Financial Officer	TOTAL ENGLISH RESERVED	
NAME OF ORGANIZATION (if			TELEPHONE	
NAME OF ORGANIZATION (if a				
NAME OF ORGANIZATION (if			TELEPHONE	
NAME OF ORGANIZATION (if a	ppment Co., Inc.		TELEPHONE 808-951-8978	
NAME OF ORGANIZATION (if a Hawaiian Island Develor MAILING ADDRESS (Street)	ppment Co., Inc.	Chief Financial Officer	TELEPHONE 808-951-8978 FAX	
NAME OF ORGANIZATION (if a Hawaiian Island Develor MAILING ADDRESS (Street) 931 University Avenue, (City) Honolulu	#105 (State)	Chief Financial Officer  (2	TELEPHONE 808-951-8978 FAX 808-946-3224 Zip Code)	
NAME OF ORGANIZATION (if a Hawaiian Island Develor MAILING ADDRESS (Street) 931 University Avenue, (City) Honolulu	#105 (State)	Chief Financial Officer	TELEPHONE 808-951-8978 FAX 808-946-3224 Zip Code)	
NAME OF ORGANIZATION (if a Hawaiian Island Develor MAILING ADDRESS (Street) 931 University Avenue, (City) Honolulu	#105 (State)	Chief Financial Officer  (2	TELEPHONE 808-951-8978 FAX 808-946-3224 Zip Code)	

(Date)